

ADEM

Site: _____
Break: 3.7
Other: _____

ALABAMA

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Guy Hunt
Governor

3526

Director July 8, 1988

Drive
AL

10 CERTIFIED MAIL
RETURN RECEIPT REQUESTED

ilding 8
Circle
AL
68
Mr. V.M. Norwood
Vice President, Environmental Affairs
Olin Corporation
P O Box 28
McIntosh, AL 36553

3 Dear Mr. Norwood:

113 RE: Final NPDES Modification Permit Number AL0001945

meter Road
AL

Attached is the issued copy of the above referenced permit modification. Permit limitations were approved as contained in the draft modification provided for your comments.

79-2336

Please substitute the attached pages for the corresponding pages in your existing permit. Enclosed for your use in submitting effluent reports is a copy of the appropriate monitoring form(s) which have been adapted to your specific discharge(s). This form should be photocopied, completed, and submitted by the 28th of the month following the period for which data is reported, as specified in your Permit.

If there are questions or comments in reference to the permit or related monitoring requirements, please contact Ed Hughes at 271-7838.

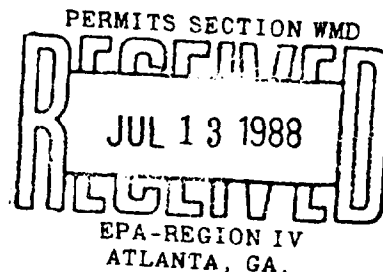
Sincerely,

James E. McIndoe
John A. Poole, Jr.
Chief
Industrial Branch
Water Division

JAP/jd

Enclosure

cc: EPA, w/enc.
Marilyn Elliott, w/enc.



During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application: DSN001: Treated process wastewater from diaphragm cell chlorine, sodium chlorate and sodium hypochlorite plants, treated groundwater from RCRA corrective actions wells #1, 2, 3, 4, & 5, treated sanitary wastewaters, coal pile runoff, noncontact cooling water, stormwater runoff and treated wastewater from the hydrazine blending process.

Such discharge shall be limited and monitored by the permittee as specified below:

***The loadings from DSN002 (Corrective Action Well #4) shall be included for calculation of the daily loading for this parameter. See Part III.J. for additional requirements relative to these sources.

James Wilson

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application: DSN001C: Treated wastewaters from the hydrazine blending facility.

Such discharge shall be limited and monitored by the permittee as specified below:

[illegible]

* See PART II., A., 4; PART II., A., 5; and PART II., B., 3.

**** Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Samples taken shall then be analyzed for each effluent characteristic in accordance with PART I.B.2.**

James Wilson

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application:

DSN002: Treated Groundwater from RCRA Corrective Action Well #4

Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations*			Monitoring Requirements**	
	Daily Minimum	Daily Average	Daily Maximum	Measurement Frequency	Sample Type
Flow (MGD)	--	--	---	1/month	Totalized
pH	5.0 s.u.	n/a	9.0 s.u.	1/week	Grab
Total Dissolved Solids	--	--	--	3/week	Grab
Mercury, Total	--	--	--	1/month	Grab

Toxicity See Part III.G. of this permit.

See Part III.I. for additional requirements relative to these sources.

* See PART II., A., 4; PART II., A., 5; and PART II., B., 3.

** Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Samples taken shall then be analyzed for each effluent characteristic in accordance with PART I.B.2.

COMPANY: OLIN CORPORATION

LOCATION: McIntosh

NPDES NO. AL0001945

DSN001

DSN001A

PARAM	Flow	pH	TEMP	TDS	Hg,T			Flow	pH	Cu,T	Pb,T	Ni,T	TRC	TSS			
AVG	--	5.0	--	649,000	0.1			--	n/a	9.8	4.8	7.4	17.0	911			
MAX	--	9.0	95	844,000	0.25			--	n/a	24.0	11.8	19.4	28.0	1823			
FREQ	Daily	Daily	Daily	3/wk	1/mo			Daily	n/a	1/qtr	1/qtr	1/qtr	Daily	1/wk			
UNIT	MGD	s.u.	°F	ppd	ppd			MGD	n/a	ppd	ppd	ppd	ppd	ppd			
1																	
2																	
3																	
4																	
5																	
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31																	
MO AVG																	
MAX																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official _____

Date _____

ADEM FORM 261 (P 1/88)

3700043

NPDES NO. AL0001945

PARAM	Flow	HYD	UDMH	NDMA
AVG	--	--	--	--
MAX	--	--	--	--
FREQ	Daily	2/mo	2/mo	2/mo
UNIT	MGD	--	--	--
1				
2				
3				
4				
5				
6				
7				
8				
9				
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29				
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31				
MO AVG				
MAX				

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Signature of Responsible Official _____ **Date:** _____

ADEM FORM 261 (1/88)

ADEM DISCHARGE MONITORING REPORT

MONTH: _____, 19 _____

☒ MONTHLY

COMPANY: Olin Corporation

LOCATION: McIntosh

NPDES NO. AL0001945

DSN002

PARAM	Flow	pH	TDS	Hg, I															
AVG	--	5.0	--	--															
MAX	--	9.0	--	--															
FREQ	1/mo	1/wk	3/wk	1/mo															
UNIT	MGD	s.u.	--	--															
1																			
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3																			
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Signature of Responsible Official _____

Date _____

ADEM FORM 261 1/88